$2015\ Town\ of\ Islip\ Pool\ Membership\ Application$ All pool members must have a current recreation card. Proof of age is required at time of registration.

Location of Pool M	ombowshir	v (chock one)		Type of M	omborch	in (ch	ock on	۵)	
Byro		: (check one)		Resident Family	embersn			· Citizen Family	
Hidd				Resident Individua	l			Citizen Individual	
Casa	mento			Non-Resident Fam	ily	_	_ Handi	capped Family	
				Non-Resident Indi	vidual	_	_ Handi	capped Individual	
	Pool me	mbers are entitled	l to use the Spray	Park along with any	z pool in	the To	wn of I	slin.	
Add a guest for \$50, include								e in the pool member househol	d.
								MAXIMUM 3 PER MEMBERSH	
		NO REI	FUNDS WILL BE	SSUED AFTER JULY	10, 2015				
Family Last Name				Home Phon	e				
Address									
Spouse #1 Name				Data of Bint	L			Chialon	
spouse #1 Name				Date of Birt	n			(for official use only)	
								(for official asc only)	
Spouse #2 Name				Date of Bir	th			_ Sticker	
								(for official use only)	
Child's Name		Gen	don	Date	of Birth			Sticker # (for official use on	l _v)
Ciliu s Name		Gen	uei	Date	or Birtii			Sticker # (for official use off	19)
	•			•					
List any medical limitations									
	es and regula	tions of the Town of	Islip pool facilities,	and that the use of the p	ool facilit	ies is str	ictly at 1	my own risk. I accept all conditions a	S
stated therein.						_			
Signature						Date			
W. 1. 1. 6D		CI.		77. (24	G 1				
Method of Payment: Cash		Chec	:k	Visa/Maste	erCard				
Visa/MasterCard #:			3-Di	git Security Code:		Billing 2	Zip Cod	e: Exp. Date:	
								•	
Signature of Card holder				Date			-		
FOR OFFICE USE ONLY:	Receipt #	<i>‡</i>		Date Received				Cashiers Initials	
	r								
Town	n of Isl	ip Pool Me	ember Dis	counted Sw	im Le	essoi	n Ar	plication	
				N CAN BE FOUN				1	
	5,	VIIVI EESSOIVI	MORMATIO	iverniv BE roun	D OIV	ng.	J -0		
Parent/Guardian Name							Da	te	
Address			Tow	n	Zi _]	P		State	
Home Phone		Cell Phone	.		Emerg	ency Pho	ne		
		cen i none			EICI &	ency i iii			
Check One: Byron		Hidden Pond							
Danti oine t - N	A	Data of Dinal	Continu T1	A ati -: #	Section 1st	2 nd	Choice 3 rd	Logati /6!+-	г
Participants Name	Age	Date of Birth	Swim Level	Activity #	1	Z	3 -	Location/Site	Fe
					-	<u> </u>			-
	-					<u> </u>			
					_				_
						ļ			
						<u> </u>			
(Example) Jane Doe	8	00/00/0000	Level 3	110104	R	S	X	Byron	\$3
			. 1						
A swim	test will	be given the fir	st day of class to	o verify that you a	re in the	e appr	opriat	e swim level.	
List any medical limitations									
Parent/Guardian Signature if regis	tering a chile	4				Date			

Town of Islip Department of Parks, Recreation and Cultural Affairs TRIP REGISTRATION FORM

For all mail-in and call-in registrants. Be sure to check program information before registering.

THIS APPLICATION IS NOT VALID UNLESS RELEASE IS SIGNED ON THE BOTTOM OF THIS PAGE

Registrant	Dat	e	Email				
Home Phone	Cell Phone		Preferred Pick-up Location				
Address							
No.	Street		Town	at a	Zip		
Disabled Parking Permit Number (if applicable)_							
Emergency Contact	Relationship_		Prione				
Trip Name	Trip	Date	Travel Companion		Fee		
				\longrightarrow			
				\rightarrow			
				\rightarrow			
				\rightarrow			
			GRAND TO	TAL			
Method of Payment Check C		* Please * Make	orm per person call 224-5430 to reserve your checks payable to Town of Islip)	1		
Exp. Date Billing Zip Code	9	* Mail registrations and payments to:		50 Irish	50 Irish Lane East Islip, NY 11730		

RELEASE: I know that participating in the above named program is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the above activity including, but not limited to, falls, accidents, and the effects of the weather, all such risks being known and appreciated by me. This waiver shall apply to any and all Town of Islip programs/trips that | participate in, for this entire calendar year. Having read this waiver and knowing these facts, I, for myself, successors, heirs and assigns, releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. I further agree for myself, successor, heirs and assigns to indemnify and hold harmless the Town of Islip and all parties mentioned above from all losses, claims, damages, suits, actions or judgments for personal injuries, including death, and damage to property whether real or personal, and from all losses, claims, damages, action and judgments recovered and from all expenses incurred in defending said claims or suits, including reasonable attorney fees, costs and disbursements. It is the sole responsibility of all participants to be aware of the program transportation schedule and make all scheduled pickups, meet ups and rendezyous. Lunderstand that if I should fail to make a scheduled pick up and the bus or other form of transportation has already departed, it is my responsibility to arrange and engage alternative transportation at my sole cost and expense. I grant permission for the Town of Islip and all parties mentioned above to take a photograph image or motion picture of myself and publish or print said images in any format whatsoever, for any legitimate purpose, including publication of the internet, the Town of Islip website, or any other form of media, including print media, without compensation to the undersigned. I understand that I shall not receive any compensation for my participation in this program or for the use or sale of the media set forth above. I understand that in the event of inclement weather some outdoor trips may be canceled. I will abide by the rules and policies of the Town of Islip. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. IF PARTICIPANT IS UNDER 18: This is to certify that I acknowledge and agree to the above for my son/daughter/ward and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned use of any photographs, motion pictures, recordings, or any other media of my child for any legitimate purpose.

Registrant Name: Registrant Name: Registrant Name: Registrant Name: Program Registrant Name: Reg	Is lip Arts (Is lip Arts Council School of Cultural Arts -		PROGRAM REGISTRATION FORM	
or MasterCard, Discover, Visa or American Express charge card number to: Sip ArtCouncil, 50 insh Lane, Eastslip, NY 1730. (Please feel free to duplicate this form). PLEASE PROTICE PLEASE PROTICE		ormail-in registrations only, mak	e checks payable to the Isl	ip Art Council	
Slip Art Council, 50 Irish Lane, East Islip NY 11730. (Please feel free to duplicate this form). PLEASE PRINT PLEASE PRINT PLASE PRINT Town:	or Ma	sterCard, Discover, Visa or /	American Express charg	ge card number to:	
REGISTRATIONS ARE NON-REFUNDABLE Date of Registration: Cell Phone:	Is lip Art	Council, 50 Irish Lane, EastIslip, N	NY 11730. (Please feel fr	ee to duplicate this form)	.(
Program Program Cell Phone: Comparison signature if registering a child: Charge: Charge: Charge: Charge: Committed the comparison of the payment: Committed the comparison of the payment: Expiration #: CovC #: Condition: Condition: Condition: CovC #: CovC #: Condition: CovC #:		PLE	E AS E PRINT		
Program Session Time Class Cell Phone: Charge: Charge: Charge: Cash: Cash:			ARE NON-REFUND	ABLE	
Town: Cell Phone: Session Time Class METHOD OF PAVMENT: Charge: CCanthol: CCanthol: CCanthol: CCanthol: CCanthol: CACCUUT No: Expiration #: CVC #: CVC #: CVC #: CVC #: CON #	R egistrant Name:		Date of Registrati	on:	
Mission signature if registering a child: Charge: Charge: Charge: Count No: Expiration #: Count No: Expiration #: Count No: Count No: Expiration #: Count No: Count No: Expiration #: Count No: Co	Address:		Town:		
Program Session Time Class mission signature if registering a child: Charge: Char	Home Phone:		Cell Phone:		
Mission signature if registering a child: Charge: Charg	E -Mail Address:		-		
Program Session Time Class					
mission signature if registering a child: Charge: Charge: Cash: Account No.: ass Account No.: nt No.: Date Receipt #: Process by	Registrant Name:	Program		Time	Class Fee:
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mission signature if registering a child: Charge: Charge: Charge: Account No.: Sss Account No.: Int No.: Receipt#: Date Receipted: Process by					
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Account No.:			5		
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nt No:	American Express Accoun	nt No.:		Expiration #:	CVC #:
ntNo.: Expiration #: Receipt #: Date Receipted: Process by	Visa Account No.:			Expiration #:	CVC #:
Receipt #: Date Receipted:	Discover Account No.:			Expiration #:	CVC #:
Receipt #: Date Receipted:	S ignature:				
Receipt #: Date Receipted:					
			te Receipted:	Process k	by:

Town of Islip Department of Parks, Recreation & Cultural Affairs Program & Camp Registration Form

For all mail-in and walk-in registrants. Be sure to check your program information before registering.

ONE CHILD PER REGISTRATION FORM -YOU CAN MAKE PHOTOCOPIES FOR ADDITIONAL CHILDREN/ PROGRAMS PLEASE SIGN THE WAIVER & PERMISSION SLIP AT THE BOTTOM OF THE PAGE

Adult/Parent's Name				Date	Email_							
Address												
No		Street		Tc	Town		diZ	d				
Home Phone		Parent	Parent # 1 Cell Phone_			_ Emergen	Emergency Phone_					
Work Phone		Parent	Parent # 2 Cell Phone_			Emergen	Emergency Name_					
Participant's Name	Gender	Age	Date of Birth	Program	Activity #	Se 1st	Session Letter Choice	etter e d 4th	Location/Site	Time	Fee	
Participant's Grade as of Sept. 2014:	ot. 2014:		You must end	You must enclose a copy of the most updated progress report. ONLY when registering for a grade specific program.	: updated pro	gress re	port. Ol	VLY wher	ı registering for a grad	de specific	program.	
Medical information (medication, allergies, etc)	s, etc)											
Birth Certificate on file? Yes	No	ji)	no please enclos	if no please enclose a copy, only applies if the registrant is under 18 years of age)	istrant is under 1	s years of a	age)					
Current Recreation Card Number			Expiration Date	on Date								
Method of Payment Check	_ Cash_		Credit Card		Total Amount \$							
Mastercard/VISA Account No.				Exp. Date)ate	_ 3-Digi	3-Digit Security Code	Sode	Billing Zip Code			
				WAIVER & PERMISSION SLIP	ION SLIP							
In consideration of being permitted to participate in Town of Islip programs the undersigned, for myself, successors, heirs and assigns agree that the Town of Islip, their affiliates, subsidaries, agents, employees, board members, appointees, revealed appointee or contract vendee may take a photograph image or video graph image of myself/children and publish or print said images in any format whatsoever including publication on the internet, the Town of Islip website or any other form of media, including print media without compensation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media action to the undersigned. The undersigned that in case on inclement weather some outdoor trips may be canceled. I will have my child/children above registered child/children to accompany the Recreation Department on the local trips. I understand that in case on inclement weather some outdoor trips may be canceled. I will have my child/children above for the present is given with the understanding that the group will be escorted by recreation staff. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be eight programs and many the undersigned, for mayelf or any party and the carry and the counter TDA approved sunscreen products and undersigned, for myself, successors, hears and suborize and adminers and assigns releases and forever discharges the Town of Islip or any party mentioned above, for all personal injuries, including death, and damages to property whether real or per, and from all losses, claims, damages, actions or judgments for personal injuries, including death, and damages to property whether real or personal injuries, including reasonable attorneys fees, costs and disbursements.	in Town of Islip p appointee or conti- g print media with ind-children to ac- with the understand of or lost personal nyself, successors, nodec, from all lo g out of my partic d disbursements.	ract vendee m cart vendee m cout compensa company the l ding that the g items. I autho heirs and assi, sees, claims, d ipation in Tow icluding death.	dersigned, for myse aptotograph tion to the undersign kerreation Departmore from while the escorterize my child for any child to compain the contrained and the contrained are the see and for my fight programs, and damages to proceed and damages to proceed and damages to proceed to the contrained and damages to proceed and damages to proceed to the contrained and damages to proceed and damages to proceed to the contrained and damages to proceed and damages to proceed to the contrained and damages to proceed and damages to proceed and damages to proceed the contrained and damages to proceed and damages to proceed and damages to proceed and damages to proceed and damages a	undersigned, for myself, successors, heirs and assigns agree that the Town of Islip, their affiliates, subsidaries, agents, employees, board members, appointees, servants, officers, may take a photograph image or video graph image of myself/children and publish or print said images in my format whatsoever including publication on the internet, the Town of sation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media set forth above. I further secretion Department on the local trips. I understand that in case on inclement weather some outdoor trips may be canceled. I will have my child/children abide by the rules and group will be escorted by recreation staff. The Town of Islap reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in proor points and subserved the counter FDA approved susceen products and understand they will apply it themselves. In consideration of being permitted to participate signs releases and forever discharges the Town of Islap, their affiliates, subsidiaries, against, employees, board members, appointees, servants, officers, directors, assistants and damages, actions or judgments I may have or claim to have against the Town of Islap or any party mentioned above, for all personal injuries, including death and injuries to propound Independent and from all losses, daines, damages, actions and judgments recovered and from all expenses incurred in defending said claims or many and damages to property whether real or per, and from all losses, daines, actions and judgments recovered and from all expenses incurred in defending said claims or approach and any ages and some and are property whether real or per, and from all losses, daines, actions and judgments recovered and from all expenses incurred in defending said claims or approach and any ages.	that the Town of Islip //children and publis e any compensation if t in case on inclemer preserves the right to preserves the right answeren produ- affiliates, subsidiare gainst the Town of I heirs and assigns to in Il losses, claims, dam	, their affilia h or print sai or their parti t weather so or refuse entr czs and unde czs and unde silp or any pp demnify and ages, actions	ttes, subsidian di mages in a ricipation in the incipation in the me outdoor! The ance or eject restand they v phloyees, boa arty mention arty mention il hold harmlel and judgment and judgment.	ies, agents, em ny format what is program or fi is program or fi in apply it then an person who iil apply it then de members, ap ed above, for all ss the Town of	loloyees, board members, appointees ocerer including publication on the isome the use or sale of the media set celed. I will have my child/children et conduct management deems to be seekes. In consideration of being pepointees, servants, officers, director personal injuries, including death a silp and all parties mentioned above d from all expenses incurred in deficed from all expenses incurred in deficed in deficed in the content of the	s, servants, officer internet, the Tow forth above. I fur abide by the rule e deruptive or in ramited to particit, rs, assistants and and injuries to pro s, from all losses, conding said claims	rs, n n of ther ther poor pate p- or	
Signature of *Parent/*Guardian/Registrant	t							מ	Date			

(*Signature of parent/guardian is required if registrant is under 18 years of age)